

In this issue:

OMS recommends measles vaccine

PEF auction benefits patients

Day hospital expands

# Clinical Center News

April 1990



## *From the editor's desk . . .*

**G**rab a number and get ready. Tuesday, May 1 is the sixth annual Patient Emergency Fund Auction. The day will include both a live and silent auction, a raffle, and a delicious bake sale in the Visitor Information Center (VIC). If you don't feel like brown-bagging it that day, you can buy your lunch at the auction and the proceeds will benefit the PEF!

It is not too late to donate items or services to the auction. If you would like to make a donation, call Kelly Goka at 496-6061.

As a reminder of the auction, write yourself a note on a new Crime Watch memo pad. Phase IV of the Crime Watch campaign began last month and we are handing out Post-a-Note type memo pads designed in the theme of the "Looks Aren't Everything" poster. Memo pads are available in the Office of Clinical Center Communications, building 10, room 1C255, or by calling 496-2563. I am pleased to report that the crime rate in

building 10 dropped 32 percent since the campaign began in June 1988.

Three more important dates to note are April 10, 11, and 12. Occupational medical services (OMS) is offering free measles vaccinations to NIH employees. For more information about who should receive a vaccination, see page 3. To schedule an appointment with OMS, call 496-4411.

Two new "Medicine for the Layman" booklets have been published, one on osteoporosis and one on the risks of heart disease. For a copy, stop by the Office of Clinical Center Communications, room 1C255, or call 496-2563.

The "Medicine for the Layman" series has been renamed "Medicine for the Public." The program is still the same. The schedule for the fall lecture series will be publicized in the summer.

Dr. Judith Cooper, NIDCD, will give a repeat of her 1988 MFL lecture, "Speech and Language Disorders," at 10:30 a.m. on Friday, May 4 on Capitol

Hill, 116 Dirksen. Dr. Cooper will be the third speaker to give an MFL lecture on The Hill.

Dr. John Decker, CC director, recently announced his plans to retire June 1. Details appear on page 3. Next month's issue of *CC News* will feature an interview with Dr. Decker about his career and retirement plans.

Other interesting news in this issue include major changes in the mail system and the expansion and opening of the 37-bed day hospital.

Hope you enjoy this issue!

—ejp

### **Quote of the month**

For memory has painted this perfect day  
With colors that never fade,  
And we find at the end of a perfect day  
The soul of a friend we've made.

*Carrie Jacobs Bond  
1862-1946*

## **Letters . . .**

### **Thanks for the personal attention**

My mother was a patient earlier this year in a study of Deprenol and CCC. She was one of three severely/chronically depressed patients in the program. It was my understanding when my mother entered this program that it was research-oriented, that she would receive some therapy and treatment. A friend of mine who had previously worked there advised me that I should not get my expectations too high.

My mother was released in May significantly improved and continues on that track. Having long experience with this disorder, we are, of course, mindful that the depression can recur.

What I want to bring to your attention is our family's impressions of the quality of care and degree of professionalism displayed throughout my mother's stay. The names Dr. Mulchon, Dr. Sunderland, Sue Bell and Nancy Owens stand out in our minds. I am embarrassed that the names of the numerous other nurses, social workers

and support staff escapes me because each of them deserves equal praise.

The people treating my mother kept in constant touch with me, were most open, frank and helpful, and were attentive to both my mother's needs and those of our family.

I thank you.

Sincerely,  
Norman Cohen

### **NIH is "the very best"**

For the past four months, our daughter has been a patient at the children's clinic in building 10. Having lived and worked in the Washington area for many years, we had heard many good things about NIH, never realizing that one of our children would some day be a part of the NIH experience.

The team of specialists in the children's clinic with whom we have been dealing is headed by Dr. Susan Rose. The

competence, compassion and professionalism exhibited consistently by these individuals has been both impressive and reassuring.

For many years I have worked in Washington dealing with almost every agency and department of government, including the White House. Without reservation, those parts of NIH with which my wife and I have dealt I would rate with the very best that the federal government has to offer.

Sincerely yours,  
Ray E. Russell

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*Do you have a comment or opinion that you would like to share with other CC employees? Write to us.*

*Letters, which may be edited for space and clarity, must include the writer's name, work address and telephone number for verification. Names will be withheld upon request and be considered confidential. Send letters to Editor, CC News, building 10, room 1C255.*

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*CC News* articles may be used for publication if appropriate credit is given.

## Features

OMS recommends measles vaccine for CC employees . . . . . 3

*Even if you were immunized as a child, you may need to be revaccinated. Because of the measles activity in the community, the CC is implementing a measles immunization program for employees.*

Study prompts changes in the mail system . . . . . 4

*NIH is weighing the advantages of metered mail, and studying different methods of improving the delivery of the mail service.*

## Departments

Editorial . . . . . 1

## Articles, columns, and other information

CC director to retire . . . . . 3

PEF assists CC patients and their families . . . . . 5

Day hospital expands, moves to 12E . . . . . 6



# OMS recommends measles vaccine for CC employees

By Karen Riedel

**Y**ou may need to be vaccinated for measles—even if you were immunized as a child. Do not assume you are immune, for your own protection.

In recent years, epidemics of measles—also known as rubeola (not the same as rubella—German measles) have been reported on college campuses as well as in public school systems and across whole communities. The number of cases of measles in Maryland has increased in the last couple of years. In the first half of 1988, Maryland reported 19 cases of measles, whereas in the first half of 1989 Maryland reported 64 cases of measles.

Because of measles activity in the community, the CC is implementing a measles immunization program for employees, in accordance with Centers for Disease Control (CDC) recommendations. If you have not had measles, you were born after 1956, and you have not been vaccinated for measles since 1980, you may need to be vaccinated according to the policy listed below:

## Measles immunization policy

All new CC employees, contract employees, institute employees based in building 10 and NIH employees who have patient contact must be revaccinated for measles unless they have evidence of having had measles or measles immunity. This evidence would be your medical record from a physician, a physician's note or a vaccine card.

All current CC employees, contract employees, institute employees based in building 10, and NIH employees who have patient contact, are strongly urged to be revaccinated for measles unless they have evidence of measles immunity.

You are considered immunized if you:

1. were born before 1957, or
2. have had measles disease and have documentation, or
3. have laboratory evidence of immunity to measles, or
4. have had a measles vaccine since 1980.

Measles is a highly contagious disease involving primarily the respiratory tract. It is characterized by fever, cough, and an eruption of small red spots all over the



body. Measles is easily transmitted either through the air or through droplets from the nose, throat, or mouth. Outbreaks occur frequently among teenagers and young adults. Although measles in children may sometimes be only a mild infection, in adults it is often severe with complications such as pneumonia and occasionally death.

The CDC reports that persons vaccinated before 1980 are at increased risk for measles infection. There are three reasons for this: (1) prior to 1976, the recommended age for immunization was 12 months, which has since proven less effective than 15 months; (2) prior to 1979, when a new stabilizer was used, the measles vaccine was less stable when not stored properly; and (3) between 1963 and 1967 a killed (inactivated) measles vaccine was used by many physicians for immunizing; we now know this killed vaccine left the vaccinated person not only susceptible to measles but also at risk for developing an atypical measles syndrome when exposed to measles.

Some CC employees should not receive the measles vaccine. Anyone who is pregnant, considering becoming pregnant in the next three months, or has had a severe allergic reaction to eggs or neomycin should not receive the measles vaccine. Employees who have received

blood products (including immunoglobulin) in the last three months should not be given the vaccine until three months after receiving the blood products. Immunosuppressed persons, persons with cancer, persons receiving chemotherapy, radiation, or large doses of steroids, or anyone with other conditions affecting the immune system should not be given the measles vaccine. Persons who are not immune to measles and who have any of the above mentioned conditions should be evaluated by an OMS physician. For more information, call the hospital epidemiology service at 496-2209.

The measles vaccine has an excellent safety record. Most people do not experience reactions to the vaccine; however, minor symptoms, such as a sore arm, may occur for some people. Immunized persons will not transmit the measles virus after vaccination, so it is safe to revaccinate those persons who will have contact with immunosuppressed patients.

OMS will be conducting walk-in measles vaccination clinics at the OMS 6th floor clinic on:

Tues., April 10 1-3 p.m.  
Wed., April 11 9-11 a.m., 2-4 p.m.  
Thurs., April 12 9-11 a.m.

If you can not make the walk-in vaccinations, call OMS at 496-4411 to schedule an appointment. □

## CC director to retire

**D**r. John L. Decker will retire on June 1 after serving as director of the Clinical Center for seven years. Dr. Decker joined NIH as chief of the Arthritis and Rheumatism Branch, NIAMD, in 1965. He also served as clinical director of the National Institute of Arthritis, Metabolism and Digestive Diseases from 1976 to 1980. At the time of publication, an acting director had not been named. □

# Study prompts changes in the mail system

By Karen Riedel

Say goodbye to the "eagle." The eagle indicia on the top right corner of NIH postal envelopes is being phased out, metered mail is being phased in, and more changes in the NIH and Clinical Center mail system are underway as part of an overall effort to improve the mail system at NIH. The improvement effort is expected to be completed by 1993.

The mail service in building 10 has been a source of headaches for many people for some time. In January 1989 the Division of Management Policy, under the authorization of Norman Mansfield, director of the Office of Research Services (ORS), initiated a study of the overall NIH mail delivery system, with a focus on the building 10 mail system. The study was designed to improve the quality and timeliness of mail service in building 10.

There are several important problems addressed in the study, including the fact that the workload of the mail services section (MSS) has significantly increased, while the level of staffing has decreased. The total volume of mail delivered in all NIH buildings between FY '86 and FY '89 increased by 20 percent, while the total volume of mail delivered in building 10 increased by 26 percent. Concurrently, MSS experienced increasing difficulty attracting and retaining adequately skilled

personnel mainly due to the relatively low grade scales, the section level status of MSS, and limited advancement opportunities in the section.

The study also shows that inadequate space and physical facilities have had a significant impact on the ability of MSS personnel to effectively manage their increased workload. Both the central mail facility in building 31 and the satellite facility in building 10 have limited space and are poorly configured.

In addition, changes in U.S. Post Office policies in a number of areas resulted in MSS personnel having to do work previously performed by U.S. postal employees. Continuing increases in the number of mail stops serviced by MSS personnel have added to the workload by increasing the amount of sorting required to process mail.

According to the study, MSS personnel do not have ready access to corrected mailing address information. The lack of an adequate system to manage address change information and to process mail with incomplete mailing addresses hinders the timely processing of mail.

Adding to the problems in the utilization of existing MSS staffing resources are deficiencies in the training and orientation of MSS staff. The study

also notes difficulties in utilizing available technology to automate work tasks because much of the equipment that is currently used by MSS is antiquated.

Two important external factors contributing to the delays in mail delivery that are cited in the study are delays in the delivery of some mail to the NIH campus by the U.S. Post Office's Gaithersburg facility, and sorting errors at this facility that result in mail being misdirected to NIH. According to the study, 93 percent of all mail delivered by the U.S. Post Office to NIH arrives within four days of the postmark date. However, as much as seven percent is already five days old or more when delivered to the NIH central facility.

While the study was being conducted, the ORS ad hoc mail services improvement planning committee, headed by William Brodt, chief industrial engineer, Division of Engineering Services, was established by Mansfield to coordinate the overall improvement of the mail system, including the conversion to metered mail.

The metered mail system is one of several steps being taken to improve the overall mail service. Metered mail is the process of electronically stamping envelopes for postage, date, place of postage and meter number. Envelopes are put on a machine where they are weighed and the price of postage is stamped directly on the envelopes or on labels that are placed on larger pieces of mail. The mail then is sorted and put in trays and prepared to go to the post office. This process replaces the use of envelopes with the eagle indicia, or "franked" mail.

The ad hoc committee is planning and implementing several steps to improve the mail service at NIH. Such steps include plans to modernize and reconfigure the space, equipment, and facilities in the building 31 central facility and building 10. The committee also is working on plans to maximize use of new state-of-the-art technology, such as the automated metering systems, bar code scanning and scanning systems, and developing formal criteria for establishing, managing and abolishing



Terry Mundell demonstrates the mail metering machine in building 31.

*continued on page 6*



# PEF assists CC patients and their families

By Karen Riedel

**T**his April will be Ryan's 10th birthday. As the life of a nine-year-old goes, he has had a tough year. Last September Ryan was diagnosed with Ewing's sarcoma, a malignant tumor which arises from the innermost tissue of the bone. Ryan's life has not been the same since. Ryan loves the outdoors and enjoys playing with his friends. Since his diagnosis, Ryan has been too sick to participate in sports, go the pool, or run around in the backyard. Due to frequent visits to the hospital, he is not able to spend much time with his family. Over the past six months, Ryan has spent most of his time and energy fighting to get well again.

Ryan is from a small town in north-central Pennsylvania, six hours away from Bethesda. He lives with his mother, grandparents, brothers, and sisters in a large extended family. Nancy, Ryan's mother, is a single parent who works in a factory. Nancy had to leave her job to accompany Ryan to the Clinical Center.

"I've taken leave right now, hopefully for just a year. Ryan is on a one-year protocol," Nancy said. The leave of absence put a further strain on Nancy's already difficult financial situation. "Without the PEF," Nancy states, "we probably wouldn't be here. We wouldn't be able to stay. It gets very expensive."

The Patient Emergency Fund (PEF)

assists patients and families in meeting emergency expenses during their treatment at the Clinical Center. When Ryan was diagnosed and referred to the Clinical Center, the PEF enabled Ryan's mother to stay with him and provide much needed love and support. Without the help of the PEF, Ryan and his mother probably would not have been able to financially sustain their time away from home.

When Ryan was accepted for treatment at the Clinical Center, his social worker at the local hospital assisted the family in making transportation arrangements to NIH. Ryan was admitted to the Clinical Center just before Christmas.

He said the things he misses most from home are his grandmother's cooking and his girlfriends. He was very excited about his visit home at the end of February so that he could play with his Christmas presents and see his friends.

"I haven't even seen my girlfriends since Christmas," Ryan points out. Ryan and Nancy returned to NIH the day after Christmas for daily chemotherapy and radiation. They have been at NIH for a total of eight weeks.

The Patient Emergency Fund is managed by the social work department. Patients and families discuss their needs for financing with their social workers. Patients and their families use the PEF to

fulfill a wide range of needs. Patients who receive PEF assistance have a small daily allowance for hotel and food. For example, patients undergoing chemotherapy are encouraged to eat and drink as much as they can. When Ryan wants a coke or a bag of chips from the cafeteria, his mom is able to buy these things for him with money she budgets from her daily allowance from the PEF.

Diane, another mother of a CC patient receiving PEF money, adds, "You feel bad when you ask for money. We try to be economical. We know all about stretching money."

CC patients and their families are referred for PEF assistance by their physicians or social workers. The social workers distribute the funds. Patients and their families receive vouchers for the hotel and supplements for hotel expenses and food. In addition, patients and their families use the PEF for emergency clothes and basic living expenses.

"It's wonderful, great help!" Nancy says.

Diane is at the Clinical Center with her nine-year-old daughter. They are from a city in southern New York on the Susquehanna River. Diane was hesitant to give her name for this story, at first. She, like many others, was embarrassed to need help from the PEF to pay the bills.

"It's embarrassing," she reveals, "but I know how much I appreciate it and how much it can help others. I don't know what I would have done without [the PEF]. It all happened so unexpectedly."

When she learned of her daughter's illness, Diane was working as the manager of a grocery store. Her husband recently left his job in order to start his own business. Diane noted that her family was financially stable until her daughter's illness caught them by surprise.

Diane's daughter had been to several doctors and hospitals before she was referred to the Clinical Center. They had accumulated tremendous bills during this time. Diane's family suddenly found itself in need of financial assistance.

Diane and her daughter use the PEF to stay at a Rockville hotel near the Clinical Center. Diane receives a small sum of

## *Mark your calendar!*

6th annual

# PEF Auction

11 a.m. to 2 p.m.

Tuesday, May 1

Visitor Information Center

*continued on page 6*

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## PEF assists CC patients and their families

(continued from page 5)

money for a one-week period, for which she is most grateful.

She graciously remarks: "It was very generous. You can budget." However, Diane adds that "after paying [for] the hotel, there is \$6 or \$7 left for lunch and dinner. It goes fast," she explains . . . on sodas, laundry and other incidentals.

When Diane's daughter is released from the Clinical Center, Diane has plans for a new job and for supplementing her husband's new, fledgling business, while caring for her daughter. For now, however, Diane has been most pleased with the Clinical Center.

"We love it here," she raves. "The doctors are all so good! These people know everything!!"

Because of many generous donors, patients and families who need to visit the NIH Clinical Center receive greatly needed financial support. Besides contributions from individuals, the PEF receives funds through the Clinical Center art program and the annual PEF Auction.

The PEF received more than \$10,000 last year in proceeds from the 1989 auction held in its honor. Each spring for the past five years, the Recreation and Welfare Association, in cooperation with Clinical Center employees, held an auction to raise money for the PEF. In addition to items and services donated by local vendors, hotels, and restaurants, CC employees pitched in by offering services and handcrafts up for bids.

The PEF raises money from the auction and from personal donations, as well as from donations by separate auctions and bake sales held by various departments at NIH, royalty checks donated by publishers, and honorarium checks donated by doctors. Ober-United Travel contributes yearly donations, and the Sons of Italy also contributes.

The 1990 PEF Auction is currently in the works. This year promises to be the biggest and best ever. It will be held between 11 a.m. and 2 p.m. on Tuesday, May 1, in the Visitor Information Center. As in the past, GSI will donate lots of edibles so that people can buy lunch while browsing and bidding. All are welcome to this fun-filled fundraiser for Ryan, Diane and other Clinical Center friends. □

## Study prompts changes in mail system

(continued from page 4)

mail stops. The committee plans to establish a manageable number of mail stops in building 10 and other NIH buildings on the basis of nine-digit zip codes (zip-plus-four digits), each of which will serve as a code for a specific area of NIH.

Other plans include designing a computer system for the storage, retrieval and on-line updating of zip-plus-four, employee, organization, and other mailing address information; exploring opportunities to upgrade the current grade structure; and providing training for building 10 personnel in utilizing automated equipment.

The study recommends that the current "section" level organizational state of MSS be revised in light of the need to attract highly skilled personnel. The study also suggests that the practice by MSS personnel of researching all improperly and inadequately addressed mail be abolished, new procedures for "forward

sorting" of mail in route be initiated, and more training for MSS managers and personnel be provided.

Also to be considered is the feasibility of installing a facsimile "Fax" station at the central mail facility and at various locations across campus so that NIH personnel could send internal mail via the "Fax" in order to reduce the volume of mail handled by MSS. Finally, the study recommends that incoming mail from the Gaithersburg Post Office be sampled systematically in order to monitor delivery time and the volume of misdirected mail to NIH.

It is clear that improving the mail system is important and much more of a complex problem than one might think. The attention being paid to the mail system is encouraging. While most recommendations to alleviate the mail problems are in the infancy stages, progress in improving the mail system is underway. □

## PCU opens April 2

## Day hospital expands, moves to 12E

By Mary Hepburn

**T**he 12 East day hospital opens its door to outpatients on April 2. A patient care unit day hospital is devoted to the care of outpatients who need infusions or other services, but who do not need to be in the hospital overnight.

Because of the popularity and success of the day hospital on the north side of 13 East, the idea of expanding from four beds on 13 East to 37 beds on 12 East went from the planning stage to a reality. The 13 East unit operated as a 14-hour per day outpatient unit for the last two years.

The National Cancer Institute wanted 12 East to be designated as a day hospital because a considerable number of NCI protocols can be administered in such a setting.

"All eyes will be on us to see if it works," says Daniel Sands, R.N., M.S., head nurse of 12 East.

"With the 13 East experience, the day hospital concept has been shown to be an

effective and efficient means of delivering quality care to a large number of patients on an extended outpatient schedule," says Jean Jenkins, R.N., M.S.N., O.C.N., acting chief of the cancer nursing service.

Even while the physical move and staff changes are taking place, "patient care doesn't miss a beat," offers Sands. "Patients like being able to go home at night."

With the day hospital a reality, the 12-14 inpatient beds available were closed and the function of AIDS/oncology was transferred to 12 West in March.

"The collaborative efforts of the nursing department and NCI have greatly enhanced the possibility of success," says Jenkins.

The day hospital hours are 7 a.m. to 9:30 p.m. Monday through Friday. Weekend hours are 7 a.m. to 7 p.m. Saturday and Sunday.

Very few renovations will be necessary to accommodate the changes. □





## APRIL CALENDAR OF EVENTS

**4** Grand Rounds. *Wiskott-Aldrich Syndrome*. Dr. Michael Blaese, NCI. *Surprising Twists in Lens Evolution: From Jellyfish to Man*. Dr. Joram Piatigorsky, NEI. Lipsett Amphitheater, noon-1 p.m.

**5** Brown Bag Concert Series. For more information, call 496-8113. East Courtyard, noon-1 p.m.

**10** Measles Vaccination. For more information, call HES at 496-2209. OMS, 6th floor Clinic, 1-3 p.m.

**11** Grand Rounds. *Cryptococcosis*. Dr. John Bennett, NIAID. *The Many Faces of Sarcoidosis*. Dr. Ronald Crystal, NHLBI. Lipsett Amphitheater, noon-1 p.m.

**11** Step Forum. *Ethical and Legal Implications of Advances in Human Genetics*. Drs. Kimberly Quaid, Haig H. Kazazian, Jr., and Neil A. Holtzman. Open to all NIH personnel. For more information, call 496-1493. Shannon Building, Wilson Hall, 1:30-3:30 p.m.

**11** Measles Vaccination. For more information, call HES at 496-2209. OMS, 6th floor Clinic, 9-11 a.m. and 2-4 p.m.

**12** Measles Vaccination. For more information, call HES at 496-2209. OMS, 6th floor Clinic, 9-11 a.m.

**18** Grand Rounds. *The Waardenburg Syndrome*. Dr. Kenneth Grundfast, NIDCD. *Psychopharmacology of Borderline Personality Disorder*. Dr. Rex Cowdry, St. Elizabeth's Neuropsychiatric Research Hospital. Lipsett Amphitheater, noon-1 p.m.

**19** Brown Bag Concert Series. For more information, call 496-8113. East Courtyard, noon-1 p.m.

**25** Clinical Staff Conference. *New Developments in Single Photon Emission Computed Tomography*. Dr. Theodore Simon, CC, moderator. Lipsett Amphitheater, noon-1:30 p.m.

**30** Concert Series. Selections from the Impressionist Era. Manchester String Quartet. Sponsored by Merck Company Foundation. Masur Auditorium, 12:30 p.m.

**30** NIH Day Care Committee Forum. Report results of day care survey and discuss future direction for day care at NIH. Speaker Paul R. Horton. Lipsett Amphitheater, 10-11 a.m.



CC News is published monthly for employees like Cheerle Capman, medical record technician. She has worked for the Clinical Center for two years. Working in the medical records department provides "the opportunity to be indirectly a part of the excellent patient care and important medical research taking place here at the Clinical Center."